



City of Seattle
Department of Planning and Development
700 Fifth Ave., Suite 2000, P.O. Box 34019
Seattle, WA 98124-4019
Phone: (206) 684-8464 Fax: (206) 386-0095
www.seattle.gov/dpd



DPD LOG# _____

CANCELLATION/REFUND REQUEST FORM

Type:

<input type="checkbox"/> Building & Mechanical	<input type="checkbox"/> Conveyance	<input type="checkbox"/> Land Use	<input type="checkbox"/> Gas Piping & Plumbing (Permit must be attached)
<input type="checkbox"/> Boiler & Pressure Vessel	<input type="checkbox"/> Electrical	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Site/Side Sewer
<input type="checkbox"/> Furnace	<input type="checkbox"/> Signs/Billboards	<input type="checkbox"/> Other :	
<input type="checkbox"/>			

Application/Permit #: _____

Date of Request: _____

Site/Property Address: _____

Request Type: (choose one)

- ☐ Refund: For monetary refund only; no change to status of application/permit (i.e. for overpayment of fees)
- ☐ Cancellation: An alteration to the status of an application/permit, with fee analysis based on Fee Ordinance

Please explain circumstances or details of request: _____

**MAKE REFUND
PAYABLE TO:**

Name: _____

Address: _____

City, State, Zip: _____ Phone# _____

Tax ID # or Social Security #: _____

Refund Applicant's Signature: _____

Authorization to Refund Money to Persons Other than Original Payer:

If the refund is to be paid to persons other than the original payer, complete and date section below:

I authorize _____ to receive the refund on behalf of the original payer.

Original Payer Signature: _____

Date: _____

Mail this form and supporting documentation to:

Department of Planning and Development
Refund/Cancel Request ATTN: Dori Leslie
700 5th Avenue, Suite 2000
PO Box 34019
Seattle, WA 98124-4019

**ATTACH ANY DOCUMENTS THAT MAY BE HELPFUL IN PROCESSING THIS REQUEST.
REFUNDS MAY TAKE UP TO 8 WEEKS TO PROCESS. FOR INFORMATION CALL (206) 615-1749.
REFUNDS ARE SUBJECT TO THE FEE ORDINANCE SEATTLE MUNICIPAL CODE (SMC) Ch. 22.900.
IF THE ANALYSIS IDENTIFIES UNPAID FEES, YOU WILL BE BILLED FOR THE BALANCE DUE.**

~ FOR DPD USE ONLY ~

Refund Log #: _____ Permit/Project# _____

Reviewer: _____ Referral Date: _____

Site/Property Address: _____

Refund Outcome: ☐ Approved ☐ Denied \$ _____

Hansen Fee Updated: ☐ Yes ☐ No

Refund Amount ☐ on overpayment tab ☐ credited to escrow
☐ transferred to A/P # _____
☐ partial/full refund request referred to _____

Description of Approval/Denial: (provide deduction information) _____

TOTAL REFUND AMOUNT \$ _____

- ☐ Refund: Review complete, A/P to remain active
- ☐ Cancellation: Review complete, application in stop work/closed status
- ☐ Balance Due: Review complete, A/P to remain active

**Logged and
forwarded to
Accounting**

Date: _____

By: _____

Reviewer Signature _____

Refunded

Escrow # _____

Refund Authorizer: _____

(if total refund amount > \$1,000)

By: _____

~ FOR DPD ACCOUNTING USE ONLY ~

Refund Voucher #: _____

Credit Memo # _____ **(for governmental agencies only)**

Invoice# _____